

General

Title

Effect of care provided on parental confidence: proportion of children whose parents reported care had a positive influence on their confidence in parenting their child and managing their responsibilities.

Source(s)

Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: the Promoting Healthy Development Survey. *Pediatrics*. 2001 May;107(5):1084-94. [PubMed](#)

Child and Adolescent Health Measurement Initiative (CAHMI). The promoting healthy development survey. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative; 2001. 16 p.

Measure Domain

Primary Measure Domain

Patient Experience

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the proportion of children whose parents reported a positive influence on confidence in parenting their child and managing their responsibilities (e.g., doing things for child to help him/her grow and learn, protecting child from injuries, addressing special concerns, and managing parenting responsibilities).

Rationale

High quality care should empower and enhance the parent self-efficacy.

Primary Clinical Component

Effect of care on parental confidence; parenting; parental responsibilities

Denominator Description

Children age 3 months to 48 months who received a well-child visit in the last 12 months and whose parents answered at least half of the items in the "Effect of Care Provided" scale on the Promoting Healthy Development Survey (PHDS)

Numerator Description

Children whose parents responded "I Feel a Lot More Confident" and "I Feel a Little More Confident" to all of the items in the "Effect of Care Provided" scale (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Evidence Supporting the Criterion of Quality

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

Focus groups

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

Need for the Measure

Overall poor quality for the performance measured

Use of this measure to improve performance

Evidence Supporting Need for the Measure

Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: the Promoting Healthy Development Survey. *Pediatrics*. 2001 May;107(5):1084-94. [PubMed](#)

State of Use of the Measure

State of Use

Current routine use

Current Use

Collaborative inter-organizational quality improvement

External oversight/Medicaid

Internal quality improvement

National reporting

Quality of care research

Application of Measure in its Current Use

Care Setting

Ambulatory Care

Professionals Responsible for Health Care

Advanced Practice Nurses

Nurses

Physician Assistants

Physicians

Lowest Level of Health Care Delivery Addressed

Individual Clinicians

Target Population Age

Children age 3 months to 48 months

Target Population Gender

Either male or female

Stratification by Vulnerable Populations

Unspecified

Characteristics of the Primary Clinical Component

Incidence/Prevalence

Unspecified

Association with Vulnerable Populations

Unspecified

Burden of Illness

Unspecified

Utilization

Unspecified

Costs

Unspecified

Institute of Medicine (IOM) Healthcare Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Patient-centeredness

Data Collection for the Measure

Case Finding

Users of care only

Description of Case Finding

Children age 3 months to 48 months who received a well-child visit in the last 12 months

Denominator Sampling Frame

Patients associated with provider

Denominator Inclusions/Exclusions

Inclusions

Children age 3 months to 48 months who received a well-child visit in the last 12 months and whose parents answered at least half of the items in the "Effect of Care Provided" scale on the Promoting

Healthy Development Survey (PHDS)

Exclusions

Unspecified

Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

Denominator (Index) Event

Encounter

Patient Characteristic

Denominator Time Window

Time window precedes index event

Numerator Inclusions/Exclusions

Inclusions

Children whose parents responded "I Feel a Lot More Confident" and "I Feel a Little More Confident" to all of the items in the "Effect of Care Provided" scale

From the responses, a composite measure score is calculated* in which a higher score is associated with better quality.

*Note: Scoring process:

Individual items are recoded so that "I Feel a Lot More Confident" and "I Feel a Little More Confident" responses are recoded into 100 and "I Do Not Feel More or Less Confident" and "I Feel Less Confident" responses are recoded into 0.

Mean calculated across all of the items.

Children who have mean score = 100 are identified and recoded to 100. Those who have a mean score of less than a 100 are recoded to 0.

Exclusions

Unspecified

Measure Results Under Control of Health Care Professionals, Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

Numerator Time Window

Encounter or point in time

Data Source

Patient survey

Level of Determination of Quality

Not Individual Case

Pre-existing Instrument Used

Unspecified

Computation of the Measure

Scoring

Non-weighted Score/Composite/Scale

Interpretation of Score

Better quality is associated with a higher score

Allowance for Patient Factors

Analysis by high-risk subgroup (stratification on vulnerable populations)

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

Description of Allowance for Patient Factors

Although no stratification is required, the Promoting Healthy Development Survey (PHDS) includes a number of variables that allow for stratification of the findings by possible vulnerability:

- Child demographic characteristics (e.g., the child's age, race)

- Child health and descriptive characteristics (e.g., children at high risk for developmental, behavioral or social delays, special health care needs)

- Parent health characteristics (e.g., children whose parents are experiencing symptoms of depression)

Standard of Comparison

External comparison at a point in time

External comparison of time trends

Internal time comparison

Evaluation of Measure Properties

Extent of Measure Testing

1999: Pilot Testing by Mail in Three Health Plans

Psychometric analyses demonstrated that the Promoting Healthy Development Survey (PHDS) quality measure scales have strong construct validity and internal consistency (reliability). Findings are

displayed in the article, "Assessing Health System Provision of Well-child Care: the Promoting Healthy Development Survey."

In-depth cognitive testing of the draft survey was conducted with 15 families representing a range of socioeconomic and demographic groups, as well as different types of health insurance coverage, age of child, age and sex of parent, and number of children in family. Survey design and formatting was finalized with input from a group of experts and family representatives. Reliability assessments indicated the PHDS to be written at the 8th-9th grade reading level. Cognitive testing confirmed the readability of the PHDS for people across a range of educational levels.

2000: Implementation by Mail to Medicaid Clients

Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the CAHMI Report, "Summary Testing and Findings of the PHDS in Maine."

2000: Implementation by Mail to Washington Medicaid Clients

Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the CAHMI Report, "PHDS Results: In Washington State."

2001-2003: Development and Implementation of the Provider-Level PHDS. October 2001-March 2003

Focus groups and cognitive interviews with 35 health care providers in Vermont and Washington and 20 parents of young children in Vermont to inform item-reduction, administration specifications, and reporting templates.

Psychometric analyses demonstrated that the PHDS quality measure scales have strong construct validity and internal consistency (reliability). These findings are displayed in the CAHMI reports, "Overview of the Round 1 Implementation of the PHDS in Mousetrap" and "University Pediatrics: Round 2 -- In-Office Implementation of the PHDS Key Findings."

Evidence for Reliability/Validity Testing

Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: the Promoting Healthy Development Survey. *Pediatrics*. 2001 May;107(5):1084-94. [PubMed](#)

Bethell C, Peck C. CAHMI quality measures: promoting healthy development survey. Summary of testing and findings in Maine. Portland (OR): Child and Adolescent Health Measurement Initiative (CAHMI); 2000 Sep. 51 p.

Bethell C, Peck C. Medicaid parents experience with the health care system: summary of findings from a survey of parents of young children enrolled in Medicaid in three ABCD states. New York (NY): Commonwealth Fund; 2001.

Child and Adolescent Health Measurement Initiative (CAHMI). Child and adolescent health measurement initiative: Washington State Healthy options. Promoting healthy development survey (PHDS): 2000 results. Portland (OR): Child and Adolescent Health Measurement Initiative, Foundation for Accountability; 2000. 59 p.

Child and Adolescent Health Measurement Initiative (CAHMI). Overview of the round 1 implementation of the PHDS in mousetrap and university pediatrics. Portland (OR): Child and Adolescent Health Measurement Initiative (CAHMI); 27 p.

Identifying Information

Original Title

Effect of care provided on parental confidence: proportion of children whose parents reported care had a positive influence on their confidence in parenting their child and managing their responsibilities.

Measure Collection Name

Promoting Healthy Development Survey (PHDS)

Measure Set Name

Effect of Care Provided on Parental Confidence

Submitter

Child and Adolescent Health Measurement Initiative - Nonprofit Organization

Developer

Child and Adolescent Health Measurement Initiative - Nonprofit Organization

Funding Source(s)

The Commonwealth Fund

Composition of the Group that Developed the Measure

Christina Bethell, PhD, MBA, MPH; Colleen Reuland, MS; Brooke Latzke, BS

Financial Disclosures/Other Potential Conflicts of Interest

None

Endorser

National Quality Forum - None

Adaptation

Measure was not adapted from another source.

Release Date

2001 Jan

Revision Date

2006 Dec

Measure Status

This is the current release of the measure.

Source(s)

Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: the Promoting Healthy Development Survey. Pediatrics. 2001 May;107(5):1084-94. [PubMed](#)

Child and Adolescent Health Measurement Initiative (CAHMI). The promoting healthy development survey. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative; 2001. 16 p.

Measure Availability

The individual measure, "Effect of Care Provided on Parental Confidence: Proportion of Children whose Parents Reported Care had a Positive Influence on their Confidence in Parenting their Child and Managing their Responsibilities," is published in "Promoting Healthy Development Survey (mail version)." This survey is available from the [Child and Adolescent Health Measurement Initiative \(CAHMI\) Web site](#) .

For further information, please contact the Child and Adolescent Health Measurement Initiative (CAHMI) at: 707 SW Gaines Street, Portland, OR 97239-3098; Phone: 503-494-1930; Fax: 503-494-2473; Web site: www.cahmi.org .

Companion Documents

The following are available:

Child and Adolescent Health Measurement Initiative (CAHMI). The promoting healthy development survey: implementation guidelines. Portland (OR): CAHMI - The Child and Adolescent Health Measurement Initiative, Oregon Health & Science University; 179 p. This document is available in Portable Document Format (PDF) from the [Child and Adolescent Health Measurement Initiative \(CAHMI\) Web site](#) .

NQMC Status

This NQMC summary was completed by ECRI Institute on November 28, 2007. The information was verified by the measure developer on January 3, 2008.

Copyright Statement

© CAHMI - Child and Adolescent Health Measurement Initiative

The Child and Adolescent Health Measurement Initiative (CAHMI) quality measure tools (including sampling, administration, analysis and reporting specifications) are available for free on the CAHMI Web site (www.cahmi.org) thanks to past and current support from the Packard Foundation, Commonwealth Fund and the Robert Wood Johnson Foundation. All CAHMI quality measures are copyrighted by the CAHMI. Should you use any of the material from NQMC, please reference it appropriately.

Disclaimer

NQMC Disclaimer

The National Quality Measures Clearinghouse (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the [NQMC Inclusion Criteria](#).

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.